



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **MANAGEMENT OF PATIENT'S PERSONAL EFFECTS**

**Effective Date:** June 15, 2017

**Policy #:** AD-03

**Page 1 of 8**

- I. PURPOSE:** To provide instructions for management of personal items belonging to patients of Montana State Hospital (MSH), Montana State Hospital Mental Health Group Homes, and Montana State Hospital Forensic Mental Health Facility.
- II. POLICY:** Patients at MSH have a right to keep and use personal possessions which present minimal risk of harm to the patient or others. The Hospital reserves the right to place reasonable limits on the quantity of items patients may have on their treatment unit in order to ensure a safe, clean, and therapeutic environment for all persons. Personal items that are not permitted on treatment units will be placed in storage or sent to a friend or relative designated by the patient.

The Hospital is not responsible for lost, theft, or breakage of personal items which the patient maintains in their possession while hospitalized.

The Hospital will not store contraband items such as those listed in Section F of this policy.

Every effort will be made to account for patient personal effects and return all items to the patient at the time of discharge. However, patients should be discouraged from bringing excess and valuable items to the Hospital or acquiring unnecessary items while hospitalized.

### **III. DEFINITIONS:**

- A. Personal effects: all items either brought to MSH at the time of admission or accumulated during hospitalization identified on the Personal Effects Sheet.
- B. Contraband: any item that is illegal, construed as being a weapon, flammable, combustible, or otherwise potentially dangerous or inappropriate to the hospital setting. Examples include, but are not limited to:
  - 1. Illicit drugs and alcohol,
  - 2. Firearms,
  - 3. Ammunition,
  - 4. Knives and other sharp objects,
  - 5. Lighter fluid,

6. Fireworks/flares,
7. Tobacco and tobacco products,
8. Marijuana.

C. Safe Items: items identified by MSH staff or the patient as having significant monetary or personal importance. Examples include but are not limited to:

1. Credit/Debit cards,
2. Social Security cards,
3. Identification/Insurance cards,
4. Jewelry/Watches/Belts,
5. Checkbooks,
6. Identification/Driver's License,
7. Collectable/Valuable coins,
8. Cell Phones,
9. Electronic Devices including but are not limited to computers/laptops, tablets, reading devices, MP3 players with a camera, or recording and/or internet capability, or any device with a camera, recording, and/or internet capability.
10. Razors,
11. Store Cards.

#### IV. RESPONSIBILITIES:

A. Admission Team:

1. Sort, identify, and record on the Personal Effects Sheet personal items, valuables, and contraband at the time of admission, in the admission area.
2. Complete Personal Effects Receipt, Sec. I, II, & III.
3. After regular admission hours, ensure that valuables on newly admitted patients are secured, and placed in the safe located in the admission area with the completed Personal Effect Sheet.

B. Direct Care Staff:

1. Add or delete items on the Personal Effects Sheet as appropriate during a patient's hospitalization.
2. Upon discharge or transfer to another treatment unit, review the Personal Effects Sheet to ensure all personal belongings accompany the patient.

C. Ward Clerk:

1. Assists direct care staff in sorting, identifying, and recording personal effects/valuables at the time of admission.
2. During regular admission hours, ensures patient valuables are secured in the safe in the admission area.
3. Coordinates storage of personal effects for patients during hospitalization.

- D. Admissions Clerk, Hospital Operations Specialist, Discharge Technician:
  - 1. Receives, verifies, records, and secures patient valuables in the safe in the admission area.
  - 2. Releases patient valuables per approval from staff and/or per ward rules during hospitalization.
  - 3. Upon release, returns patient valuables and obtains the patient's signature acknowledging all valuables have been returned.
  - 4. Ensures contraband items are secured, disposed of, or released per this policy.
- E. Security:
  - 1. Ensures contraband items are secured and disposed of per this policy.
- F. LIP:
  - 1. Determine whether to return pharmaceuticals to the patient at the time of discharge.
- G. Nurse House Supervisor:
  - 1. Receives patient valuables from direct care staff after regular admission hours and secures them in the designated admission area.
- H. Hospital Administrator, Director of Nursing, or Designee:
  - 1. Authorize the disposal or transfer to law enforcement authorities potentially dangerous items

**V. PROCEDURE:**

- A. All belongings accompanying the patient upon admission are identified and recorded on the Personal Effects Receipt Form at the time of admission by staff assigned to admit the patient. This form must be witnessed at the time of admission by the patient and by two hospital employees, all of whom must sign the form. If the patient is unable or unwilling to cooperate, make a note of this on the personal effect sheet, and on the progress notes in the patient's medical record. Ensure signatures are legible. If penmanship is not clear, print name under signature.
- B. During the course of hospitalization, any addition or deletion of personal effects listed on the Personal Effects Receipt must be immediately recorded on the proper form, dated, and witnessed by two hospital employees, both of whom must sign in the comment section of the form. This includes articles acquired while on home visit, through the mail, brought to the hospital by visitors, purchased by the patient, and those items given to another person, worn out, or destroyed.
- C. When transferring the patient to one unit from another within the hospital, all personal effects are to be checked by one hospital employee from the transferring unit and by one hospital employee from the receiving unit, both of whom must sign

indicating the date and their respective unit on the back of the Personal Effects Receipt, Section 1.

- D. Upon release from the hospital, all personal effects are inventoried with the patient who must sign the Personal Effects Receipt. This must be dated, witnessed, and signed by one staff member. If for some reason an item is not returned to the patient, it must be indicated on the form and an explanation provided. Items taken for the patient by another person must have a written authorization by the patient, and be witnessed by a member of the treatment team.
- E. In case of patient death, valuables, and personal effects are given to the next of kin or sent to the representative of the funeral home. When there are no known relatives or significant others, personal effects will be accounted for in the same manner as occurs when a person is transferred from one unit to another in the hospital, and stored in a central location until appropriate action is taken.
- F. Upon admission to MSH, any personal effects considered contraband will be taken from the patient and described as clearly as possible on Section III of the Personal Effects Receipt Form. The Hospital Administrator, Director of Nursing, or the Nursing Supervisor must be called immediately and determine the action to take. Explain to the patient illegal contraband items such as switch blade knives, and marijuana will not be stored. MSH will not store firearms or explosive substances. MSH will not store open tobacco, disposable lighters, drug paraphernalia, or weapons such as firearms, pepper-spray, or mace. Items that will be stored include unopened tobacco products, electronic cigarettes/cartridges, Zippo lighters, and pocket knives (with a four inch blade or less). *Knives will not be returned to the patient on discharge.* MSH will make every attempt to send them to a designated person. Documentation will be maintained when an item is disposed of or turned over to a law enforcement agency. Stored items will be placed in a specific "contraband bag" available in the admission area, the items will be checked by the admission staff and the admission receptionists prior to sealing the bag. The package will be marked plainly as "contraband" with the patient's name and identification number, as well as the date of admission and TWO STAFF SIGNATURES.
  - 1. Items that will not be stored upon admission:
    - a. Open tobacco products-destroy,
    - b. Disposable lighters-destroy,
    - c. Drug Paraphernalia-Anaconda Police Department,
    - d. Weapons such as firearms, pepper-spray, mace-Anaconda Police Department,
    - e. Explosive Substances-Anaconda Police Department,
    - f. Medical Marijuana:
      - i. The Hospital Administrator and Director of Nursing will be informed anytime a patient is in possession of medical marijuana on admission,

- ii. The Nurse manager or Security will inform the authorities marijuana has been brought into the hospital,
  - iii. Local law enforcement agency will be called and they are to respond by removing and destroying the marijuana,
  - iv. The marijuana will be temporarily stored in the lock box in the large safe until authorities arrive. The officers must sign and date the contraband sheet. The original will be placed in the patient medical record and two copies will be made; one for the authorities and one will remain with the patient belongings.
  - v. All information will be documented on the contraband sheet with the appropriate signatures, as well as in the patient's medical record,
  - vi. In the event a patient is able to produce a legitimate medical marijuana card they will be given a chance to notify a court-appointed guardian or a power of attorney to safely remove the marijuana from hospital premises as per MSH policy #PH-13, Medical Marijuana Possession.
- G. The patient's name, hospital number, and date will be recorded on the Personal Effects Receipts. After the form is filled out, the patient will review, sign, and date the forms and two staff members will sign and date the form. If the patient is unable to be present or unwilling to cooperate, make a note of this on the Personal Effects Sheet and on the progress notes in the patient's medical record.
- H. At the time of admission or return from PPV or TCC all medication will be placed in the medication bags available in the personal effect room. The medication will be inventoried by the licensed nurse and the patient. Directly following inventory the licensed nurse and the patient will sign off on the Patient's Personal Medication Inventory Sheet. If the patient is unwilling or unable to sign the Patient's Personal Medication Inventory Sheet, the sheet will be signed off by two licensed nurses. If the patient does not have any medication, the licensed nurse and the patient will document no medications and sign off on the Patient's Personal Medication Inventory Sheet.
1. Controlled substances will be placed in a separate medication bag.
  2. A copy of the Patient's Personal Medication Inventory Sheet will be placed in the patient's medical record, a copy in each medication bag, and a copy will be sent to the pharmacy.
  3. If the patient is admitted on an Emergency Detention, a pink emergency detention sticker (available in the personal effect room) will be placed on the bag. If the patient is committed, a pink sticker is not required.
  4. Once medications are inventoried they will be transported to the pharmacy immediately. After hours the medications will be placed in the safe in the night locker by the licensed nurse and the nursing house supervisor. If medications are placed in the safe the nursing house supervisor will notify the director of nursing, associate director of nursing or designee, or the pharmacy director.

5. Prior to discharge the LIP will review the list of medications brought to the hospital by the patient and indicate which, if any, of these medications may be sent home with the patient. The LIP returns the Patient's Personal Medication Inventory Sheet to the pharmacy following review and signature. No expired medications will be provided to the patient.
6. Patient's personal medications which are not sent home at the time of discharge will be destroyed by two licensed pharmacy personnel.
7. After one year of continuous hospitalization all medications brought in by the patient at time of admission and stored at the pharmacy will be destroyed by two licensed pharmacy personnel.
8. Patient's personal medication can only be used in extreme cases when the medication is not available from the pharmacy or the night locker.
  - a. The admitting LIP must issue an order for the medication on a physician's order form stating that the patient's own medication can be used until available from the pharmacy.
  - b. If the admitting RN/LPN cannot identify the medication, he/she should contact the pharmacist on-call for consultation.
  - c. If the RN/LPN and on-call pharmacist agree the medication is that which is prescribed, the medication can be released to the individual's unit medication cart for administration.
  - d. The medication will immediately be sent to the pharmacy when the pharmacy re-opens.

(Reference MSH Policy #NS-02 "Medication Administration and Safe Handling, Principles Of,)

- I. All money brought to the hospital by the patient will be counted and the amount documented in the progress notes of the patient's medical record. The money will be deposited in the patient's account depending on their commitment status. The patient will be provided with a receipt for the amount of money to be deposited.
  1. For Emergency Detentions or Court Order Detentions, during working hours the money will be given to the admission receptionist/designee, after hours and weekends the money will be deposited in the floor safe at the front desk (Safe #1), the following business day this money will be given to the admission receptionist/designee to put in the large safe along with the patient's other valuables.
  2. For committed patients the money will be counted, the amount will be documented, and sent to patient accounts. This will be indicated on the personal effect form "Money transferred to patient accounts." The amount of money transferred will be indicated. If the patient is admitted after hours the money will be deposited in Safe #2 located on the floor at the front desk and will be picked up the following business day from a staff member from Patient Accounts and deposited in patient accounts.

**J. Section I/Personal Effects Receipt: Items Kept on the Unit**

1. List, describe, and note condition of all personal belongings to be kept by the patient in his/her assigned room, or which will be placed in the unit's locked storage area. Indicate by a check mark those items placed in unit storage area.
2. Inform patient items kept in their personal possession becomes their responsibility and the Hospital will not reimburse or replace these items in the event they are lost, stolen, or damaged.
3. Obtain patient's signature and co-signature of two staff members. If the patient is unable to be present or unwilling to cooperate, make a note of this on the Personal Effects Sheet and on the Progress Notes in the patient's medical record.
4. Place original copy of the Personal Effects Receipt in patient's medical record, give one copy to the patient, and place one copy with the patient's belongings which are stored on the unit.
5. Mark all items, as appropriate, with patient's name, (i.e. luggage, electronic equipment, etc.). Dentures may be sent to the dental office to be marked with the patient's name.

**K. Section II/Personal Effects Receipt: Items to be stored in the hospital.**

1. List, describe, and note all valuable items to be kept in the hospital safe, i.e. driver's license, check book, social security cards, credit cards, valuable jewelry, safety razors, etc.
2. Explain to the patient these items will be kept in the hospital safe. Describe the process for accessing these items if necessary prior to discharge, i.e., request items via nurse/program supervisor via appointed social worker.
3. Obtain patient's signature and co-signatures of two staff members. If the patient is unable to be present or unwilling to cooperate, make a note of this on the Personal Effects Sheet and on the Progress Notes in the patient's medical record.
4. Place one copy of the completed Personal Effects Receipt in the patient's medical record and give one copy to the patient.
5. Place all valuables in a manila envelope along with the original copy of Section II of Personal Effects Receipt. Take envelope immediately to receptionist/designee who will sign the form indicating the receipt of the items listed for deposit in the safe.

**L. Section III/Personal Effect Receipt-Contraband deposited in safe**

1. List, document, and describe on the Contraband Sheet (Section III) any personal effects which are considered and specified contraband.
2. Document on the back of the Personal Effect Receipt III contraband items that are destroyed or released to the authorities.
3. Obtain all signatures to include Security Officer, Psych tech, and admission staff. Document date and time.

## Montana State Hospital Policy and Procedure

### MANAGEMENT OF PATIENT'S PERSONAL EFFECTS

Page 8 of 8

4. Place original, completed Personal Effect Receipt III with the contraband items in the contraband safe. Place one copy with the patient's additional safe items. Give one copy to the patient, and place one copy in the patient's medical record.

#### VI. REFERENCES:

- A. 53-21-142 M.C.A. – Rights of Persons Admitted to Facility.
- B. Admission Procedure, Nursing Procedure Manual
- C. MSH policy #PH-13, Medical Marijuana Possession

#### VII. COLLABORATED WITH: Program Managers, Director of Nursing Services, Social Work Supervisor, Personal Effects Committee, Hospital Administrator

#### VIII. RESCISSIONS: #AD-03, *Management of Patient's Personal Effects* dated September 5, 2014; #AD-03, *Management of Patient's Personal Effects* dated November 30, 2012; #AD-03, *Management of Patient's Personal Effects* dated June 1, 2009; #AD-03, *Management of Patient's Personal Effects* dated June 6, 2008; #AD-03, *Management of Patient's Personal Effects* dated June 7, 2003; #AD-03, *Management of Patient's Personal Effects* dated May 14, 2001; #AD-03, *Management of Patient's Personal Effects* dated February 14, 2000; HOPP #13-05P12277 – *Care of Personal Effects*; HOPP #13-03E.053091 dated May 30, 1991, *Personal Effects Patients Assume Responsibility For*; HOPP #12-03V.051480.

#### IX. DISTRIBUTION: All hospital policy manuals.

#### X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

#### XI. FOLLOW-UP RESPONSIBILITY: Director of Health Information Resources

#### XII. ATTACHMENTS:

- A. Personal Effects Receipt - Section I
- B. Personal Effects Receipt - Section II (page 1)
- C. Personal Effects Receipt - Section II (page2)
- D. Personal Effects Receipt - Section III

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Jay Pottenger  
Hospital Administrator

Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Melinda Bridgewater  
Interim Director of Information Resources

Date



Montana State Hospital  
Personal Effects Receipt  
Section I  
Items Kept on Unit

Pt. Name:

Date:

MSH #:

Unit:

[illegible]

The list on the front side of this paper is a correct list of my belongings. I assume full responsibility for the safety and welfare of the items listed which I am keeping on the unit. I understand that MSH will not replace or reimburse me for the loss or damage of any of these items. The hospital assumes responsibility for the safekeeping of items kept in storage.

PATIENT: \_\_\_\_\_ Date/Time: \_\_\_\_\_

STAFF: \_\_\_\_\_ Date/Time: \_\_\_\_\_

STAFF: \_\_\_\_\_ Date/Time: \_\_\_\_\_

***TO Court: All items listed on front of form TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time Released: \_\_\_\_\_

***Returning FROM Court: All items listed on front RETURNED WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time Returned : \_\_\_\_\_

***I am being transferred to another unit: All items listed on front TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time: \_\_\_\_\_

***I am being transferred to another unit: All items listed on front TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time: \_\_\_\_\_

***I am being transferred to another unit: All items listed on front TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time: \_\_\_\_\_

***I am being discharged. I have all of my personal effects as listed on the front of this sheet:***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date Released: \_\_\_\_\_

Montana State Hospital  
Personal Effects Receipt  
**Section II**  
Items Kept in Hospital Safe

Pt. Name: \_\_\_\_\_ Date: \_\_\_\_\_

MSH #: \_\_\_\_\_ Admit  
Commit: \_\_\_\_\_

[illegible]

**Original to Hospital Safe with belongings – 1 copy to ward file – 1 copy to patient**

*continue listing on pg 2 Section II*

**I assume full responsibility for the safety and welfare of the items listed which I am allowed to remove from the safe.  
I understand that MSH will not replace or reimburse me for the loss or damage of any items removed from the safe.**

The list on the front side of this form is a correct list of my belongings, to be kept in the hospital safe.

Patient/Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Admitting Staff 1: \_\_\_\_\_ Admitting Staff 2: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Date deposited in Hospital Safe: \_\_\_\_\_ Time: \_\_\_\_\_

Admitting Unit Staff: \_\_\_\_\_ Admit Clerk: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Admission Clerk: \_\_\_\_\_ Staff: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\$ Transferred to Patient Account: \_\_\_\_\_ Date/Time: \_\_\_\_\_

***TO Court: All items listed on front of form TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

***Returning FROM Court: All items listed on front RETURNED TO SAFE***

(unless noted @ right)

Staff: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Returned : \_\_\_\_\_

**ITEMS RELEASED TO PATIENT**

Patient/Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

**ITEMS RELEASED TO PATIENT**

Patient/Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

**ITEMS RELEASED TO ANOTHER PERSON**

Patient: \_\_\_\_\_

Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

**Discharge from Hospital**

**Patient/Representative:** \_\_\_\_\_

**Forwarding Address:** \_\_\_\_\_

\_\_\_\_\_

**Admission Clerk:** \_\_\_\_\_

**Date Released:** \_\_\_\_\_

\_\_\_\_\_

**Articles listed were Received, except as noted**

Montana State Hospital  
Personal Effects Receipt  
Section II – Page 2  
Items Kept in Hospital Safe

Pt. Name: \_\_\_\_\_ Date: \_\_\_\_\_

MSH #: \_\_\_\_\_ Admit  
Commit: \_\_\_\_\_

[illegible]

*I assume full responsibility for the safety and welfare of the items listed which I am allowed to remove from the safe.  
I understand that MSH will not replace or reimburse me for the loss or damage of any items removed from the safe.*

The list on the front side of this form is a correct list of my belongings, to be kept in the hospital safe.

Patient/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Admitting Staff 1: \_\_\_\_\_ Admitting Staff 2: \_\_\_\_\_ Date: \_\_\_\_\_

Date deposited in Hospital Safe: \_\_\_\_\_ Time: \_\_\_\_\_

Admitting Unit Staff: \_\_\_\_\_ Admit Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Clerk: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

\$ Transferred to Patient Account: \_\_\_\_\_ Date: \_\_\_\_\_

***TO Court: All items listed on front of form TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

***Returning FROM Court: All items listed on front RETURNED TO SAFE***

(unless noted @ right)

Staff: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Returned : \_\_\_\_\_

**ITEMS RELEASED TO PATIENT**

Patient/Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

**ITEMS RELEASED TO PATIENT**

Patient/Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

**ITEMS RELEASED TO ANOTHER PERSON**

Patient: \_\_\_\_\_

Representative: \_\_\_\_\_

Admissions Clerk: \_\_\_\_\_

Date Released: \_\_\_\_\_

**Discharge from Hospital**

**Patient/Representative:** \_\_\_\_\_

**Forwarding Address:** \_\_\_\_\_

\_\_\_\_\_

**Admission Clerk:** \_\_\_\_\_

**Date Released:** \_\_\_\_\_

Articles listed were Received, except as noted

MONTANA STATE HOSPITAL  
PERSONAL EFFECTS RECEIPT  
Section III  
CONTRABAND

Pt. Name: \_\_\_\_\_

Pt. #: \_\_\_\_\_

Quantity	ITEM	SERIAL NO.	DESCRIPTION

The above is a correct list of contraband items which will be deposited in the Hospital safe. I realize that the Hospital assumes all responsibility for their safekeeping

**SIGNATURES:**

Patient: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Admitting Staff: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Security/Other Staff : \_\_\_\_\_ Date/Time: \_\_\_\_\_

Date deposited in Safe: \_\_\_\_\_ Time: \_\_\_\_\_

Admission Staff: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_ Date/Time: \_\_\_\_\_

Make 3 copies  
Original: Medical Records/Deposit  
Copy: Ward File  
Copy: Patient or Representative

### CONTRABAND ITEMS DESTROYED

Contraband articles listed below will be destroyed per MSH policy. I understand that MSH will not replace or reimburse me for these items: \_\_\_\_\_

Patient \_\_\_\_\_

Security Officer \_\_\_\_\_

Other Staff \_\_\_\_\_

Date/Time: \_\_\_\_\_

### RELEASE TO AUTHORITIES

Articles listed on front of this form were received except as noted \_\_\_\_\_

Patient \_\_\_\_\_

Admission Staff \_\_\_\_\_

Security Officer/Other Staff \_\_\_\_\_

Date/Time released \_\_\_\_\_

### RELEASE TO ANOTHER PERSON

Item(s) Released: \_\_\_\_\_

Patient \_\_\_\_\_

Admission Staff \_\_\_\_\_

Security Officer/Other Staff \_\_\_\_\_

Date/Time released \_\_\_\_\_

### RELEASE TO PATIENT

Item(s) Released: \_\_\_\_\_

Patient \_\_\_\_\_

Admission Staff \_\_\_\_\_

Security Officer/Other Staff \_\_\_\_\_

Date/Time released \_\_\_\_\_